

Fig. 1

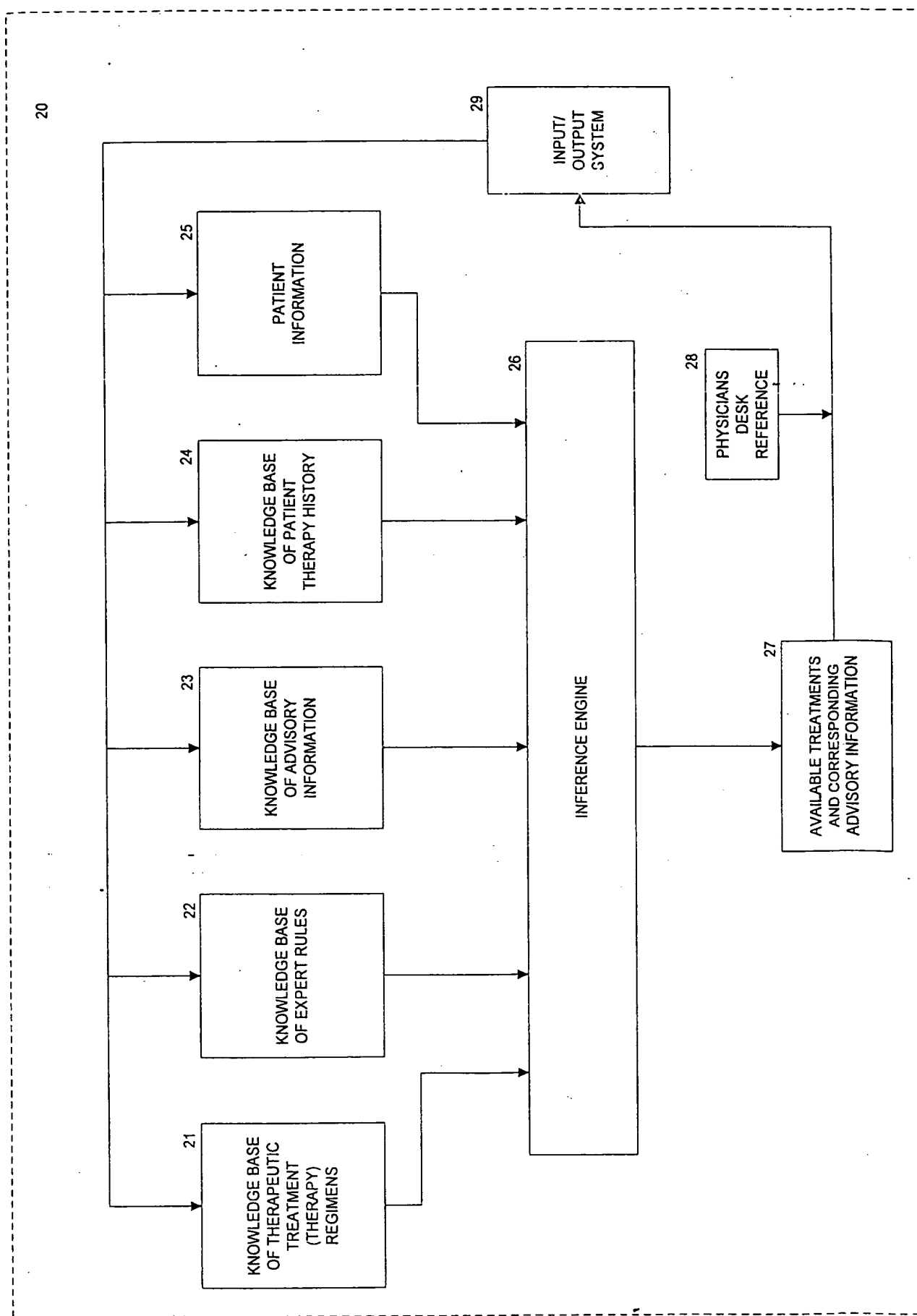


Fig. 2

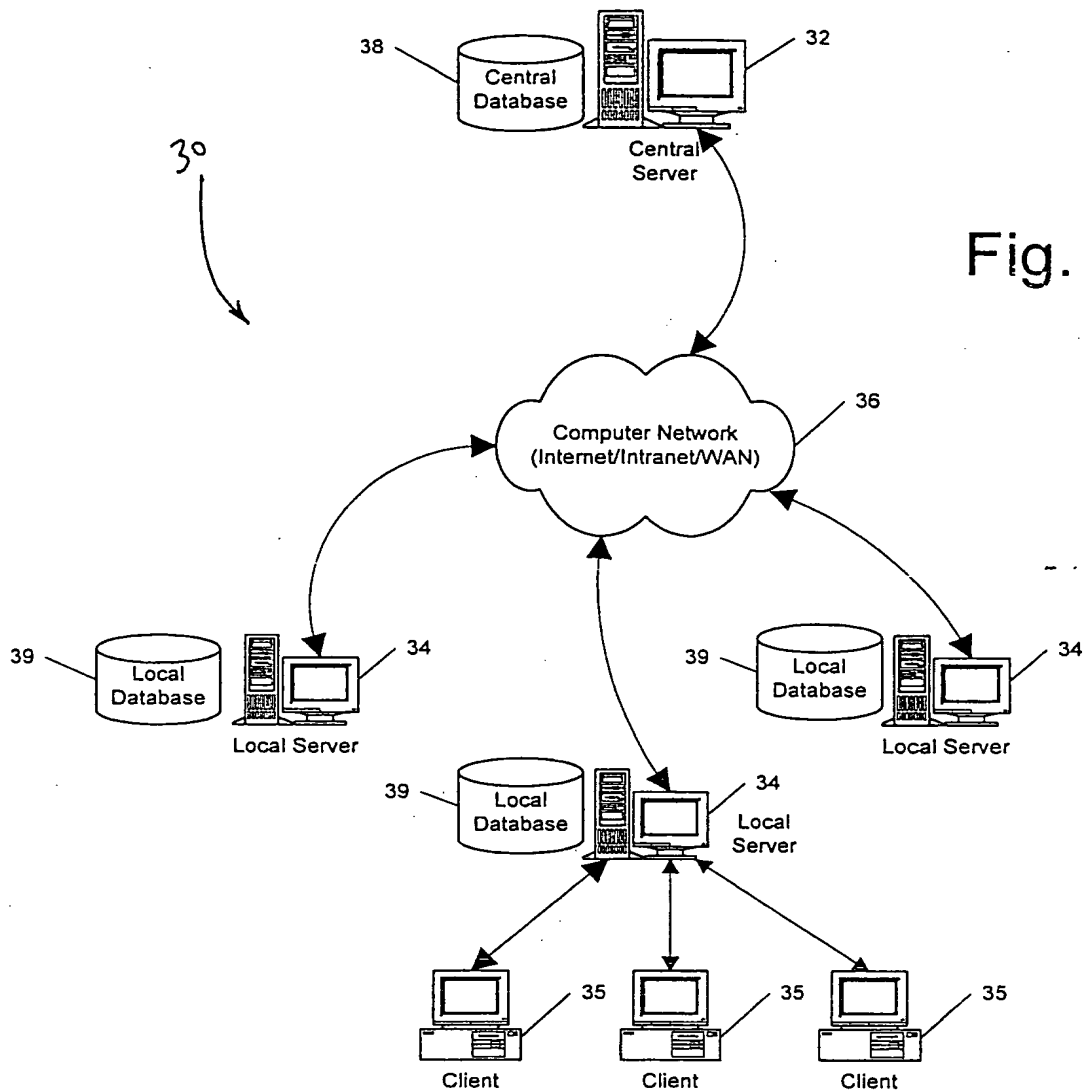
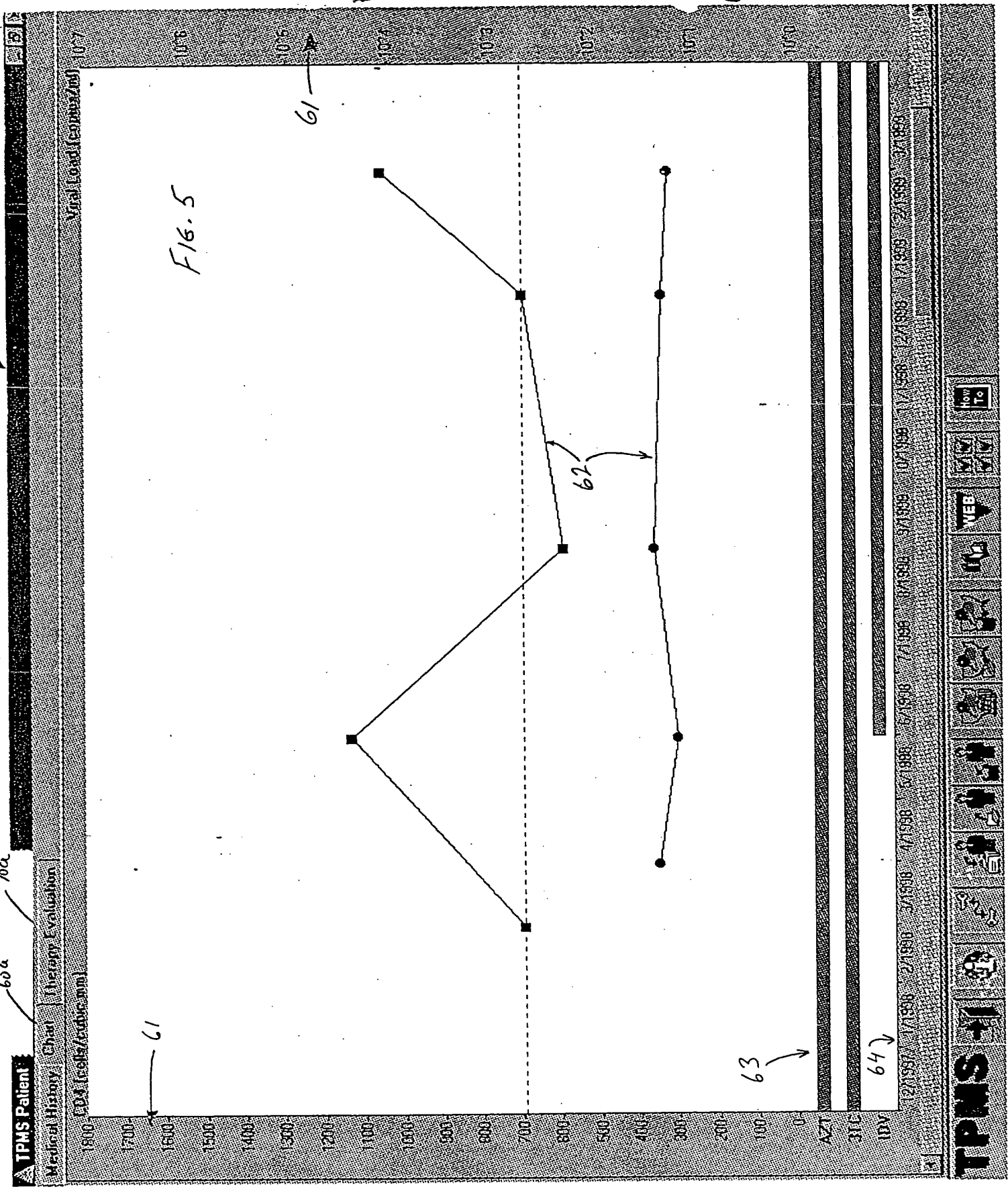


Fig. 3



60

60a 70a



TPMS

71 60a 70a 72 75 70

TPMS Patient

Medical History

Therapy Evaluation

Evaluate Current Therapy

AZT, 3TC, IDV

Therapy Options (10 of 17)

Therapy	Elig	Adi	Safety Considerations	Med	Dose	Freq	Cost
ddI, d4T, NFV	2	2	ddI Renal dos. Adj, d4T Renal dos. Adj	Y	q8h	15	\$30.38
ddI, d4T, IDV	3	6	ddI Renal dos. Adj, d4T Renal dos. Adj, IDV Renal d...	Y	q8h	12	\$26.80
ddI, d4T, RTV	4	7	ddI Renal dos. Adj, d4T Renal dos. Adj	Y	q12h	18	\$34.06
ddI, SQV-SGC, NFV	5	8	d4T Renal dos. Adj	Y	q8h	29	\$45.60
ddI, SQV-SGC, NFV	5	8	ddI Renal dos. Adj	Y	q8h	31	\$42.24
ddC, SQV-SGC, NFV	5	8	ddC Renal dos. Adj, tobramycin-ddC	Y	q8h	29	\$42.72
ddC, d4T, NFV	8	8	ddC Renal dos. Adj, d4T Renal dos. Adj, tobramycin...	Y	q8h	13	\$30.86
ddI, d4T, SQV-SGC	6	9	ddI Renal dos. Adj, d4T Renal dos. Adj	Y	q8h	24	\$31.24

Antiretroviral Drug

Nucleoside Analogues (NRTI)

☒ AZT (Zalcitabine)

☒ ddI (Didanosine)

☒ ddC (Dideozine)

☒ 3TC (Lamivudine)

☒ d4T (Zalcitabine)

☒ ABC (Zalcitabine)

Protease Inhibitors (PI)

☒ IDV (Indinavir)

☐ SQV-HGC (Saquinavir)

Therapy Being Evaluated

ddI, d4T, IDV

See More

Full Screen Evaluation

Recommended Dosages

- Vilex 125mg q12h (4 pills/day, \$4.22/day)
- Zerit 15mg q12h (2 pills/day, \$7.58/day)
- Crivian 800mg q8h (6 pills/day, \$15.00/day)

( indicates adjusted dosage)

Warning - Resistance Notices

- d4T: Resistance Advisory: Cross Resistance: The patient has at least one previous exposure to AZT that was greater than one year in duration. Previous AZT exposure can lessen the antiretroviral effect of d4T due to cross resistance. Therapies containing d4T have been ranked lower in their Adjusted Score by +3.
- Resistance Advisory: IDV: According to the last genotype data entered, the patient's virus currently has the following secondary mutation(s), (L101P), (I54V [P]), and (R44V [P]) which is/are associated with resistance to IDV. These mutations alone are not enough to preclude the use of IDV but they do indicate a trend in this direction. IDV is still an option but ongoing IDV use may result in a more rapid emergence of complete resistance. The Adjusted Score of IDV has been lowered by +3.

FIG-6

77a








78

74

73

79

FIG. 7

Icon	Meaning
	Indicates that there were no critical alerts for the therapy, however, general warnings and advisories should be read in the Therapy Details box.
	Indicates that there were no critical alerts for the therapy, however, general warnings and advisories should be read in the Therapy Details box. The book indicates that therapy has been studied and a reference is available to review.
	Indicates a yellow alert. There is important information about this therapy that must be reviewed.
	Indicates a yellow alert. There is important information about this therapy that must be reviewed. The book indicates that therapy has been studied and a reference is available to review.
	Indicates a red alert, which means critical and possible life-threatening situation may exist or may be created with this therapy. Information in the Therapy Details section must be read for this therapy to be considered.
	Indicates a red alert, which means critical and possible life-threatening situation may exist or may be created with this therapy. Information in the Therapy Details section must be read for this therapy to be considered. The book indicates that therapy has been studied and a reference is available to review.
	Indicates the therapy is not recommended.

F16-8

73a 78 73b

IPAS Patient

Medical History | Chart | Therapy Evaluation

Therapy Being Evaluated

AZT, ddI, SQV, RTV

Use Current Therapy

Review Therapy

**STOP DRUG INTERACTION RED ALERT STOP!!**

Read the following Red Drug-Indication Alerts for this therapy:

**Drug Interaction Alert**

• Patient is currently taking cisapride, co-administration of Norvir (Ritonavir/RTV) with certain non-sedating antihistamines, sedative hypnotics or antiarrhythmics may result in potentially serious and/or life-threatening adverse events due to possible effects of Norvir (Ritonavir/RTV) on the hepatic metabolism of certain drugs. If Norvir (Ritonavir/RTV) can produce large increases in plasma concentrations of certain highly metabolized drugs, Norvir (Ritonavir/RTV) should not be administered with alprazolam, amiodarone, astemizole, bupropion, cispripate, clozapine, diazepam, encainide, etacalcin, flunitrazepam, meprobamate, midazolam, piroxicam, propafenone, propoxyphene, quinidine, rifabutin, terfenadine, triazolam or zolpidem. Patient is taking cispripate and in order to use this therapy, that drug should be replaced with a non-contraindicated substitute. Consult Concomitant Medications

**Dosages**

- Ritonavir 300mg q12h (2 pills/day, \$9.56/day)
- Zidovudine 125mg q12h (4 pills/day, \$4.22/day)
- Zalcitabine 400mg q12h, taken within 2 hours after a full meal (4 pills/day, \$1.47/day)
- Nevirapine 400mg q12h (6 pills/day, \$1.43/day)

**Dosage Adjustments**

The following dosage adjustments messages apply to this therapy:

• Dosage Notice: This therapy contains both zalcitabine and zidovudine. When zalcitabine and zidovudine are used together the dosage of each drug is reduced by 1/3. The dosage for these drugs has been set accordingly. Do not use Concomitant Medications

**Warnings and Advisories**

The following Warnings and Advisories apply to Invirase (zalcitabine/SQV):

• Drug Interaction Information: Compounds that are substrates of CYP3A4 (e.g., calcium channel blockers, clindamycin, dapsone, quinidine, in xolam) may have elevated plasma concentrations when administered with Invirase (zalcitabine/SQV); therefore, patient should be monitored for toxicity associated with such drugs when taking Invirase (zalcitabine/SQV). Consult Concomitant Medications

73

73d

73e

73f

73g



70

76

Therapy Options

Therapy	Eff	Adj	Safety
1 d4T, 3TC, IDV	1	1	
1 AZT, 3TC, IDV	1	1	
2 d4T, 3TC, NFV	1	1	
1 AZT, 3TC, NFV	1	1	
2 d4T, 3TC, ZDV			
1 AZT, 3TC, ZDV			
1 ddI, d4T, 3TC			
2 d4T, 3TC, ZDV			
2 d4T, 3TC, ZDV			

Show Abstract for Retrovir

Show Abstract for EpiVir

Show Abstract for Viracept

Show Therapy Study

Print Details for AZT, 3TC, NFV

Print Top 10 Therapy Option Details

Hide Column "Eff"

Hide Column "Adj"

Hide Column "Safety Considerations"

Show Column "Med"

Show Column "Drug"

Hide Column "Freq"

Hide Column "Pills"

Hide Column "Cost"

Therapy B

Evaluated

General

- Vi
- Me

90

FIG. 9

Medical History Chart Therapy Evaluation

General		Patient Id: demo1		Birth Date: 1/1/1960		Gender: Male		TPMS Number: [ ]		Entry: <input checked="" type="checkbox"/> Entry <input type="checkbox"/> Comment: Proton		Date: 3/3/1999		Value: 55.00	
Physician: [ ]		Weight (kg): [ ]		Solid Dosage: [ ]		Print: [ ]		Save: [ ]		Date: 3/1/1999		Value: Yes			
CD4 and Viral Load															
CD4 (cells/cubic mm)		Specimen Date: 3/1/1999		Value: 320		Specimen Date: 1/1/1999		Pre-Value: 340		Date: 3/1/1999		Value: [ ]		AIDS Outcome Even: [ ]	
Current Viral Load		Specimen Date: 3/1/1999		Value: 12000		Specimen Date: 3/1/1999		Value: C/mL		Date: 3/1/1999		Value: [ ]		Current ARV Therapy: [ ]	
Previous Viral Load		Specimen Date: 1/1/1999		Value: 500		Specimen Date: 1/1/1999		Value: C/mL		Date: 3/1/1999		Value: [ ]		AZT 3TC IDV	
HIV Genotype		Specimen Date: [ ]		Value: [ ]		Specimen Date: [ ]		Value: [ ]		Date: [ ]		Value: [ ]		Non-ARV Drugs: [ ]	
Phenotype		Specimen Date: [ ]		Value: [ ]		Specimen Date: [ ]		Value: [ ]		Date: [ ]		Value: [ ]		Therapy Drug: [ ]	
Allergy/Hyper		Specimen Date: [ ]		Value: [ ]		Specimen Date: [ ]		Value: [ ]		Date: [ ]		Value: [ ]		tobramycin	
Intolerance		Specimen Date: [ ]		Value: [ ]		Specimen Date: [ ]		Value: [ ]		Date: [ ]		Value: [ ]		1/1/1999	
Hemoglobin		Specimen Date: 3/1/1999		Value: 12.00		Specimen Date: 3/1/1999		Value: No		Date: 3/1/1999		Value: No		Neuropathy	
Neutrophils		Specimen Date: 3/1/1999		Value: 1500		Specimen Date: 3/1/1999		Value: No		Date: 3/1/1999		Value: No		Pancitis	
Hepatic Function		Specimen Date: 3/1/1999		Value: 49		Specimen Date: 3/1/1999		Value: 45		Date: 3/1/1999		Value: 3/1/1999		Renal Function	
AST/SGOT (U/L)		Specimen Date: 3/1/1999		Value: 49		Specimen Date: 3/1/1999		Value: 45		Date: 3/1/1999		Value: 3/1/1999		Drugs: [ ]	
ALT/SGPT (U/L)		Specimen Date: 3/1/1999		Value: 45		Specimen Date: 3/1/1999		Value: 3/1/1999		Date: 3/1/1999		Value: 3/1/1999		Serum Creatinine: [ ]	
AST/SGOT (U/L)		Specimen Date: 3/1/1999		Value: 45		Specimen Date: 3/1/1999		Value: 3/1/1999		Date: 3/1/1999		Value: 3/1/1999		Est. Creatinine: [ ]	

54b

F1

FIG-10A

570

# TPMS Patient

Medical History | Chart | Therapy Evaluation

Evaluate Current Therapy AZT, 3TC, IDV

Therapy Options (10 of 38)

Therapy	Eff	Adj	Safety Considerations	Freq	Pills	Cost
<input checked="" type="checkbox"/> AZT, d4T, NVP	2	2	ddl Renal dos Adj, d4T Renal dos Adj	q8h	15	\$30.38
<input type="checkbox"/> AZT, d4T, RTV	4	4	ddl Renal dos Adj, d4T Renal dos Adj	q12h	18	\$34.06
<input type="checkbox"/> NVP, ABC, EFV	5	5	NVP Renal dos Adj, EFV+Renal Dysf	q12h	9	\$44.32
<input type="checkbox"/> DLV, ABC, EFV	5	5	EFV+Renal Dysf	q8h	19	\$43.21
<input type="checkbox"/> NVP, ABC, EFV	5	5	EFV+Renal Dysf	q8h	16	\$54.40
<input type="checkbox"/> NVP, NVP, EFV	5	5	NVP Renal dos Adj, EFV+Renal Dysf	q8h	17	\$46.41

See Notes | Set All | Top | Full Screen Evaluation

Therapy Being Evaluated AZT, 3TC, IDV

Unlabeled Therapy

**CAUTION**

**YELLOW ALERT**

**CAUTION**

- AZT: Medical Condition Alert: This patient has a history of anemia. Use Retrovir with caution due to risk of hema to logic to toxicity. More Info 171

FillRateC, Commentary171

73

## Recommended Dosages

- Retrovir 300mg q12h (2 pills/day, \$9.56/day)
- Epivir 150mg q24h (1 pills/day, \$3.84/day)
- Crivian 800mg q8h (6 pills/day, \$15.00/day)

( indicates adjusted dosage)

## Warning - Resistance Notices

- Resistance Advisory: Retrovir and Epivir ranked lower (+2) due to historical virological failure. More Info 364 FillRateF13, Commentary364

• Definitive Resistance Advisory: Previous exposure to Retrovir but no outcome data. Retrovir ranked lower (+2) More Info 251

TPMS

How To

WEB

Icons: Home, Mail, Calendar, Address Book, Favorites, Recent Items, Run, Stop, Pause, Play, Full Screen, Help, etc.

Fig. 108

Antiretroviral Drug

Nucleoside Analogues (NRTI)

☒ AZT (Retrovir/zidovudine)

☐ ddI (Videx/didanosine)

☐ ddC (Hivid/zalcitabine)

☒ 3TC (Epivir/lamivudine)

☐ d4T (Zerit/stavudine)

☐ ABC (Ziagen/abacavir)

Protease Inhibitors (PI)

Show Drug Therapies

Show Drug Therapies

Show Drug Therapies

Show Drug Therapies

60

60a

70a

TPMS Patient

Medical History Chart Therapy Evaluation

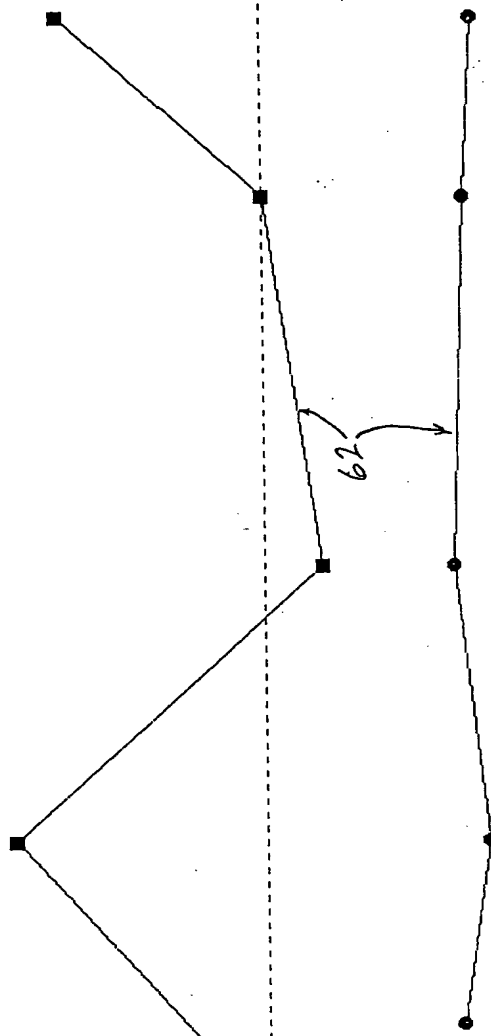
Viral Load (copies/mL)

1800 1700 1600 1500 1400 1300 1200 1100 1000 900 800 700 600 500 400 300 200 100 0

61

FIG. 10C

61



62

63

64

12/1997 1/1998 2/1998 3/1998 4/1998 5/1998 6/1998 7/1998 8/1998 9/1998 10/1998 11/1998 12/1998 1/1999 2/1999 3/1999

TPMS +1

Navigation icons: Home, Back, Forward, Stop, Print, Web, Mail, etc.





Medical History		Therapy Evaluation		General		Weight (kg)		Date		Value	
Patient (d) ARV naive)		Birth Date		1/5/1968		TBS Number		2/1/1999		73.00	
Physician		Gender		Male		End		Save		2/1/1999	
AIDS Diagnostic		Date		AIDS Diagnostic Event		Date		AIDS Diagnostic Event		Date	
Current ARV Therapy		V		D		X		X		X	
Non-ARV Drugs		Therapy Drug		Dose		Start Date		Stop Date		End Date	
Prozac Pulvules & Liquid, O...		oral		10/5/1998		12/8/1998					
Bactrim DS Tablets		oral		12/8/1998							
CD4 and Viral Load		Specimen Date		Value		Specimen Date		Prev Value			
CD4 (cells/cube mm)		2/20/1999		350		12/29/1998		375			
Current Viral Load		2/20/1999		31000		Vf Units		C/mL			
Previous Viral Load		12/29/1998		19000		Vf Units		C/mL			
HIV Genotype		Specimen Date		Value		Specimen Date		Value			
Phenotype		Specimen Date		Value		Specimen Date		Value			
Allergy/Hyper		Specimen Date		Value		Specimen Date		Value			
Intolerance		Specimen Date		Value		Specimen Date		Value			
Hemoglobin		Specimen Date		Value (g/dL)		Specimen Date		Value			
Neutrophils		Specimen Date		cells/cube mm		Specimen Date		Value			
Hepatic Function		Specimen Date		AST/SGOT (IU/L)		Specimen Date		Value			
Renal Function		Specimen Date		Creatinine (mg/dL)		Specimen Date		Value			
Neuropathy		Specimen Date		Value		Specimen Date		Value			
Pancreatitis		Specimen Date		Value		Specimen Date		Value			
Diagnosis		Specimen Date		Value		Specimen Date		Value			
Sequelae		Specimen Date		Value		Specimen Date		Value			
End Date		Specimen Date		Value		Specimen Date		Value			

FIG. 11A



70a

Medical History Chart Therapy Evaluation

General	
Patient ID: ARV naive1	Birth Date: 1/5/1958
Physician:	Gender: Male
Weight (kg):	73.00
Solid Dosage:	Yes
Find	Save
Empty	Comment Popup

CD4 and Viral Load	
CD4 (cells/mm <sup>3</sup> )	27
Current Viral Load	27
Previous Viral Load	12

HIV Genotype	Specimen Date	2/1/1999
Phenotype	Specimen Date	12
Allergy/Hyper	Specimen Date	13
Intolerance	Specimen Date	35

Hemoglobin	Specimen Date	2/1/1999
Neutrophils	Specimen Date	13
Hepatic Function	Specimen Date	35

Boundary and Prequalification Messages

Please be aware that the following hourly and prequalification conditions currently apply to this patient.

- **Therapy Initiation:** Current treatment guidelines recommend initiation of antiRetroviral therapy for HIV -infected patients with HIV RNA (viral load) concentrations greater than 20,000 copies/ml (10,000 E<sub>q</sub>/ml bDNA) or CD4 counts less than 300 cells/uL (Ann. Int. Med., 1998). PreQualM, Commentary61
- **Combination Therapy Recommended:** Experts agree that the goal of antiRetroviral therapy should be to reduce the viral load to as low a level as possible for as long as possible. Initiation of therapy with a combination containing 2 nucleoside reverse transcriptase inhibitors (NRTI's) and a potent protease inhibitor have been shown to provide enhanced clinical benefit versus 2 drug combinations with regard to reduction in viral load and improved clinical outcomes. PreQualM, Commentary66

MBZ

Fig. 113

TPMS



Evaluate Patient Therapy

None

Therapy Orders (10 of 613)

Therapy	Qty	Ad	Safety Completion	Reg	Est
<input checked="" type="checkbox"/> AZT, ddI, 3TC, SQV-SGC	1	1		q8h	\$43.46
<input checked="" type="checkbox"/> ddI, 3TC, NFV	1	1		q8h	\$34.78
<input checked="" type="checkbox"/> AZT, 3TC, IDV	1	1		q8h	\$32.24
<input checked="" type="checkbox"/> AZT, 3TC, NFV	1	1		q8h	\$35.81
<input checked="" type="checkbox"/> ddI, 3TC, IDV	1	1		q8h	\$31.20
<input checked="" type="checkbox"/> AZT, ddI, RTV, DLV	2	2	DLV+RTV	q8h	\$45.99
<input checked="" type="checkbox"/> ddI, ddI, IDV, NVP	2	2		q8h	\$42.55
<input checked="" type="checkbox"/> ddI, 3TC, RTV	2	2		q12h	\$38.46
<input checked="" type="checkbox"/> AZT, ddI, RTV, NVP	2	2		q12h	\$47.10

See More | See All | Page 10 | Full Screen Evaluation

Therapy Being Evaluated

None

• WARNING:: Before initiating any antiRetroviral treatment regimen, the complete product information for each therapeutic component should be consulted.

CmtGenY, Commentary35

• Viral Load Testing Required: Viral load testing should be repeated 21-35 days after initiation of, or a change of, antiRetroviral therapy to evaluate therapeutic efficacy and patient compliance. CmtGenY, Commentary65

• Therapy Initiation: Current treatment guidelines recommend initiation of antiRetroviral therapy for HIV-infected patients with HIV RNA (viral load) concentrations greater than 20,000 copies/ml (10,000 E<sub>q</sub>/ml bDNA) or CD4 counts less than 500 cells/ $\mu$ l. (Ann. Int. Med., 1998). PreQualM, Commentary61

• Combination Therapy Recommended: Experts agree that the goal of antiRetroviral therapy should be to reduce the viral load to as low a level as possible for as long as possible. Initiation of therapy with a combination containing 2 nucleoside reverse transcriptase inhibitors (NRTI's) and a potent protease inhibitor have been shown to provide enhanced clinical benefit versus 2 drug combinations with regard to reduction in viral load and improved clinical outcomes. PreQualM, Commentary66

Show 3 Drug Therapies  
Show 4 Drug Therapies  
Show 5 Drug Therapies  
Show 6 Drug Therapies

Antiretroviral Drug

Nucleoside Analogues (NRTI)

- ☐ AZT (Zidovudine)
- ☐ ddI (Didanosine)
- ☐ ddC (Dideozine)
- ☐ 3TC (Lamivudine)
- ☐ d4T (Zalcitabine)
- ☐ ABC (Zalcitabine)

Protease Inhibitors (PI)

- ☐ IDV (Indinavir)
- ☐ SQV-HGC (Nevirapine)
- ☐ SQV-SGC (Nevirapine)

Use of Other Therapy

W1

A1

FIG-11C

A2

A3



Therapy Being Evaluated: AZT, ddI, RTV, DLV

Show Therapy

Use as Current Therapy

## Recommended Dosages

- Retrovir 300mg q12h (2 pills/day, \$9.56/day)
- Videx 200mg q12h (4 pills/day, \$6.78/day)
- Norvir 600mg q12h (12 pills/day, \$22.26/day)
- Rescriptor 400mg q8h (12 pills/day, \$7.39/day)

Fig. 11D

- AZT: Interrupt Retroviruse if anemia and/or neutropenia develops. More Info 036 DosGenA, Commentary36
- ddI: When treatment with other drugs known to cause pancreatic toxicity is required (for example, IV pentamidine), suspension of Videx should be considered. CmtGenA, Commentary13
- ddI: If patients develop symptoms of neuropathy, Videx therapy should be interrupted. DosGenB, Commentary40
- ddI: Clinical signs suggestive of pancreatitis should prompt dose suspension of Videx and careful evaluation of the possibility of pancreatitis. Only after pancreatitis has been ruled out should dosing be resumed. DosGenB, Commentary39
- DLV: Skin rash attributable to Rescriptor may occur during first 21 days. More Info 054 CmtGenS, Commentary54

- ddI: Videx should not be administered with a prescription antibiotic containing any form of tetracycline. CmtGenA, Commentary15
- ddI: Plasma concentrations of some quinolone antibiotics are decreased when administered with antacids containing magnesium or aluminum. Therefore, doses of quinolone antibiotics should not be administered within 2 hours of taking Videx. CmtGenA, Commentary16
- RTV: Monitor for decreased AUC ofN orvir and associated adverse events when concomitant with use of drugs that increase CYP3A activity (including tobacco). More Info 026 CmtGenH, Commentary26



660

600 700

TPMS Patient

Medical History Chart Therapy Evaluation

CD4 (cells/cubic mm) Viral Load (copies/ml)

1800 1700 1600 1500 1400 1300 1200 1100 1000 900 800 700 600 500 400 300 200 100 0

3TC d4T NVP AZT IDV ddC ddV-HIC

F16-12A



A12

Phenotypic Resistance to 3TC from 3/15/1999 to present

12/1997 1/1998 2/1998 3/1998 4/1998 5/1998 6/1998 7/1998 8/1998 9/1998 10/1998 11/1998 12/1998 1/1999 2/1999 3/1999

TPMS +1

1000 To

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# TPMS Patient

Medical History | Chart | Therapy Evaluation

Evaluate Current Therapy > 3TC, d4T, NVP

Therapy	Eff	Ad	Safety Considerations	Freq	Pts	Cost
Δ d4T, d4T, NVP	2	2	Rifabutin+NVP	q8h	15	\$33.88
● d4T, d4T, EFV	5	5		q12h	9	\$28.44
Δ d4T, NVP, EFV	5	5	Rifabutin+NVP	q8h	16	\$38.50
Δ d4T, NVP, EFV	5	5	Rifabutin+NVP	q8h	14	\$40.24
Δ ddC, NVP, EFV	5	7	Rifabutin+NVP	q8h	15	\$38.77
● ddC, d4T, EFV	5	7		q8h	8	\$28.71

See More | See All | Top 10 | Full Screen Evaluation

Therapy Being Evaluated 3TC, d4T, NVP

1000000

III THERAPY REJECTED !!!

00000000

*This therapy was rejected for the following reason(s) Additional information about the therapy is provided but this therapy is NOT advisable*

- Virmune (nevirapine/NVP) Resistance Advisory: According to the last genotype data entered, the patient's virus currently has mutation(s) which is/are associated with resistance to Virmune. FillMutE, Rejection54
- Resistance Advisory: According to the last genotype data entered, the patient's virus currently has the following mutations; M184V [RT]. The genotype test displays evidence of the M184V/M184I mutation which is associated with resistance to 3TC. However, this mutant has increased sensitivity to the antiretroviral activity of AZT and ADV so an AZT/3TC or AZT/ADV combination is still useable. Therefore combinations which contain AZT/3TC and AZT/ADV are shown as therapy options although these therapies have been ranked down +5 in favor of three drug combinations with no resistant mutants. FillMutB, Rejection51
- Efavir and Virmune Resistance Advisory: The patient's last phenotypic assay demonstrates phenotypic resistance to Efavir and Virmune, therefore, therapies containing Efavir and Virmune are not recommended at this time. FillResC, Rejection42

FIG-128

CAUTION

YELLOW ALERT

CAUTION

W3

- NVPΔ: Drug Interaction Alert: Patient is currently taking rifabutin and there is insufficient data to assess whether dose adjustments are necessary. These drugs

TPMS



WEB

VIEW

HOW TO



FIG-12C

Medical History Chart Therapy Evaluation

General  
Patient ID: Features1 Birth Date: 1/1/1980 TPMS Number: 1/28/1999 Weight (kg): 60.00  
Physician: Patient Gender: Male Date: 1/28/1999 Solid Dosage: Yes

CD4 and Viral Load  
Specimen Date: 3/15/1999 Value: 240  
CD4 (cells/cubic mm) Specimen Date: 1/28/1999 Value: 265  
Current Viral Load Specimen Date: 3/15/1999 Value: 21500 C/mL  
Previous Viral Load Specimen Date: 1/28/1999 Value: 2800 C/mL

HIV Genotype  
Specimen Date: 3/15/1999 Value: L101[P], M46[P], I54V[P], V82A[P], M41L[RT], Y181  
AIDS Diagnosis Date: 1/28/1999  
Current ARV Therapy: 3TC, ZDV, NVP  
Non-ARV Drugs

Hemoglobin  
Specimen Date: 1/28/1999 Value: 15.00  
Neutrophils  
Specimen Date: 1/28/1999 Value: 1500  
Neutropathy  
Specimen Date: 1/28/1999 Value: No  
Pancratis  
Specimen Date: 1/28/1999 Value: No

Hepatic Function  
Specimen Date: 1/28/1999 Value: 25  
AST/SGOT (U/L)  
Renal Function  
Specimen Date: 1/28/1999 Value: 25  
ALT/SGPT (U/L)  
Dialysis: No  
Serum Creatinine: 1.00  
Est. Creatinine: 04.17

• NVPΔ: Drug Interaction Alert: Patient is currently taking nifedipine and there is insufficient data to assess whether dose adjustments are necessary. These drugs should only be used in combination if clearly indicated and with careful monitoring. CmtDIP, Commentary33